## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

200-1759 RLC

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                               |              |                  |            | SMALL ENTITY TYPE   |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|--|---|-----------------|-------------------------------|--------------|------------------|------------|---------------------|------------------------|-------|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 20              |                               |              |                  | 1          | RATE                | FEE                    | ]     | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER FILED    |                               | NUME         | BER EXTRA        |            | BASIC FEE           | 370.00                 | OR    | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20=    |                               | *            | ,                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS   |  |   | لر mi           | nus 3 =                       | * 1          | ,                |            | X42=                |                        |       | X84=                          |                        |  |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM P   | RESENT          |                               | <del></del>  |                  |            |                     |                        | OR    |                               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |                               |              |                  | +140=      |                     | OR                     | +280= |                               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                               |              |                  |            | TOTAL               |                        | OR    | TOTAL                         |                        |  |
|  | (Column 1) (Column 2) (Column                  |   |                 |                               |              |                  |            | SMALL               | ENTITY                 | OR    | OTHER<br>SMALL                |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |              | =                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus           | ***                           | F CL AIN     | -                |            | X42=                |                        | OR    | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                 |                               |              |                  |            | +140=.              |                        | OR    | +280=                         |                        |  |
|  | Best Available Copy                            |   |                 |                               |              |                  |            | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
| _  |  |   |                 |                               |              |                  |            |                     |                        |       |                               |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |              | =                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus           | ***                           |              | =                | Ī          | X42=                |                        | OR    | X84=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |              |                  |            | +140=               |                        | OR    | +280=                         |                        |  |
| Best Available Copy  |  |   |                 |                               |              |                  | <b>L</b> . | TOTAL<br>DDIT. FEE  |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
|  |  | (Column 1)  |                 | (Colur                        |              | (Column 3)       |            |                     |                        |       |                               |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | ſ          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                            |              | =                |            | X\$ 9=              |                        | OR    | X\$18=                        | 7,55                   |  |
|  | Independent                                    | *   | Minus           | ***                           |              | =-               | -          | X42=                |                        |       | X84=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |              |                  |            |                     | <u> </u>               | OR    |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |                 |                               |              |                  |            |                     |                        | OR    | +280=                         |                        |  |
| ***  | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa<br>aber Previously Pai | aid For" IN THI | S SPACE i                     | s less tha   | n 3. enter "3."  | ^          | DDIT. FEE           | oropriate box          |       | TOTAL<br>ADDIT. FEE<br>umn 1. |                        |  |